

## APPLICATION DATA SHEET

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF
Attorney Docket Number::	PPI-119
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	12
Small Entity?::	Yes
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UK
Status::	Full Capacity
Given Name::	Michael
Middle Name::	J.
Family Name::	May
City of Residence::	North Haven
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	29 North Hill Road
City of mailing address::	North Haven
State or Province of mailing address::	CT

Country of mailing address:: United States of America  
Postal or Zip Code of mailing address:: 06473

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Sankar  
Family Name:: Ghosh  
City of Residence:: Madison  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of mailing address:: 9 Jonathan's Landing  
City of mailing address:: Madison  
State or Province of mailing address:: CT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06443

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: A.  
Family Name:: Findeis  
City of Residence:: Belmont  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 431 School Street  
City of mailing address:: Belmont  
State or Province of mailing address:: MA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02478  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kathryn  
Family Name:: Phillips  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 73 Mount Vernon Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02108

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Gerhard  
Family Name:: Hannig  
City of Residence:: Revere  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 350 Revere Beach Boulevard, Apt.7-7R  
City of mailing address:: Revere  
State or Province of mailing address:: MA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02151

**Correspondence Information**

Correspondence Customer  
Number:: 000959

**Representative Information**

Representative Customer Number::	000959
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-In-Part	09/643,260	08/22/00
This Application	Non-Provisional of	60/201,261	05/02/00

**Assignee Information**

Assignee name:: Praecis Pharmaceuticals Inc.  
Street of mailing address:: 830 Winter Street  
City of mailing address:: Waltham  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: United States of America  
Postal or Zip Code of mailing Address:: 02145-1420